

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

United States Courts  
Southern District of Texas  
FILED

NOV 17 2020

David J. Bradley, Clerk of Court

## UNITED STATES DISTRICT COURT

for the  
Southern District of Texas

Houston Division

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Chloe Baker

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Lone Star Legal Aid, Ernest Brown, Pamela  
Sotoodeh, Sonia Lopez, Courtney Paulding, Anna  
Martinez

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No

## AMENDED COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Chloe Baker
Street Address	6935 Hockley Garden Ln
City and County	Houston
State and Zip Code	Texas 77049
Telephone Number	713-775-3077
E-mail Address	ChloeMBaker2014@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (*if known*). Attach additional pages if needed.

**Defendant No. 1**

Name	Lone Star Legal Aid
Job or Title ( <i>if known</i> )	Organization
Street Address	500 Jefferson St
City and County	Houston
State and Zip Code	Texas 77002
Telephone Number	713-653-0077
E-mail Address ( <i>if known</i> )	

**Defendant No. 2**

Name	Ernest Brown
Job or Title ( <i>if known</i> )	Deputy Director
Street Address	1415 Fannin 3rd Floor
City and County	Houston
State and Zip Code	Texas 77002
Telephone Number	713-653-0077 ext. 1207
E-mail Address ( <i>if known</i> )	ebrown@lonestarlegal.org

**Defendant No. 3**

Name	Pamela Sotoodeh
Job or Title ( <i>if known</i> )	Director of Administration
Street Address	1415 Fannin 3rd Floor
City and County	Houston
State and Zip Code	Texas 77002
Telephone Number	713-652-0077
E-mail Address ( <i>if known</i> )	PSotoodeh@lonestarlegal.org

**Defendant No. 4**

Name	Sonia Lopez
Job or Title ( <i>if known</i> )	
Street Address	500 Jefferson St
City and County	Houston Harris
State and Zip Code	Texas 77002

Telephone Number	936-234-2872
E-mail Address (if known)	slopez@lonestarlegal.org

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name	Lone Star Legal Aid
Street Address	2929 McKinney St.
City and County	Houston
State and Zip Code	77003
Telephone Number	713-652-0077

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (check all that apply):

☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

☐ Other federal law (specify the federal law):

☐ Relevant state law (specify, if known):

☐ Relevant city or county law (specify, if known):

**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☒ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☒ Unequal terms and conditions of my employment.
- ☒ Retaliation.
- ☐ Other acts *(specify)*: \_\_\_\_\_

*(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)*

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)  
10/15/18, 11/1/18, 11/20/18, 12/27/2018, 1/3/19, 1/17/19, 1/22/19, 1/31/19, 1/2020

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☒ race African American
- ☐ color \_\_\_\_\_
- ☐ gender/sex \_\_\_\_\_
- ☐ religion \_\_\_\_\_
- ☐ national origin \_\_\_\_\_
- ☐ age *(year of birth)* \_\_\_\_\_ *(only when asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*  
PTSD, Depression

E. The facts of my case are as follows. Attach additional pages if needed.

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1. I am a African-American 60 % disabled military veteran with diagnosed PTSD.
2. Before my in-office complaint was filed, I was given a raise and my own office.
3. I was terminated on my last day of psychiatrically ordered bed rest.
4. I have filed multiple complaints within the organization and the EEOC for the adverse actions taken against me.

*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

2/20/2019 & 5/21/2020

- B. The Equal Employment Opportunity Commission (check one):

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on (date) 8/21/2020.

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (check one):

☐

60 days or more have elapsed.

☐

less than 60 days have elapsed.

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

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1. Back pay (\$70,000)
    - a. If the adverse actions taken against me had not happened, it is my belief that I would still be employed by the defendant
  2. Front pay (\$105,000)
    - a. I planned to stay in the unit as an income throughout my college career
  3. Loss of benefits (\$275,000)
    - a. Health
    - b. Dental
    - c. Vision
    - d. Retirement Plan
  4. Putative and general damages (\$400,000)
    - a. Mental Anguish
    - b. inconvenience
    - c. Loss of Employment of Life
    - d. Diagnosed Psychiatric Conditions
    - e. Reputational Harm
- 

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11/17/2020

Signature of Plaintiff

Printed Name of Plaintiff Chloe Baker

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

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**Bar Number**

**Name of Law Firm**

**Street Address**

**State and Zip Code**

**Telephone Number**

**E-mail Address**

**B. (Continued)**

**Defendant No. 5**

Name	Courtney Paulding
Job or Title ( <i>if known</i> )	Paralegal
Street Address	500 Jefferson St
City or County	Houston
State and Zip Code	Texas 77002
Telephone Number	713-817-4177
Email Address ( <i>if known</i> )	

**Defendant No. 6**

Name	Anna Martinez
Job or Title ( <i>if known</i> )	Intake Specialist
Street Address	500 Jefferson St
City or County	Houston
State and Zip Code	Texas 77002
Telephone Number	713-652-0077
Email Address ( <i>if known</i> )	